

PSR Referral Form



Which program are you interested in (For more details visit www.icmha.ca)

<input type="checkbox"/> PEER Support <ul style="list-style-type: none"> <input type="radio"/> Art <input type="radio"/> Cooking <input type="radio"/> Virtual Goals <input type="radio"/> Craft <input type="radio"/> Men's group <input type="radio"/> Talk and step <input type="checkbox"/> Bridge/Seniors Support Network <ul style="list-style-type: none"> <input type="radio"/> Arts and crafts <input type="radio"/> Mental Health wellness <input type="radio"/> Coffee and conversation <input type="radio"/> Brain Games <input type="radio"/> Documentary club <input type="radio"/> Body movement <input type="radio"/> Morning check-in 	<input type="checkbox"/> Networks <ul style="list-style-type: none"> <input type="radio"/> Education <input type="radio"/> Employment <input type="checkbox"/> GROW <ul style="list-style-type: none"> <input type="radio"/> Wake up with ICMHA drop-in <input type="radio"/> Mindfulness <input type="radio"/> CBT <input type="radio"/> Emotional Intelligence <input type="radio"/> Sleep Revolution <input type="radio"/> Yoga <input type="radio"/> Music <input type="radio"/> Community Connections <input type="radio"/> 1:1 Goal Coaching
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What are your goals?

<input type="checkbox"/> Weekly Structure Art <input type="checkbox"/> Develop Mental Health Coping Skills <input type="checkbox"/> Lifestyle Habits (e.g., sleep, physical activity) <input type="checkbox"/> Healthy Thinking <input type="checkbox"/> Social Connection <input type="checkbox"/> Develop social connection	<input type="checkbox"/> Return to work <input type="checkbox"/> Return to education <input type="checkbox"/> Improve communication and social skills <input type="checkbox"/> Community Connection <ul style="list-style-type: none"> <input type="checkbox"/> Volunteering <input type="checkbox"/> Recreation <input type="checkbox"/> Mental Health Programming <input type="checkbox"/> Other
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How will you get yourself to programs?

<input type="checkbox"/> Driving Self <input type="checkbox"/> BC Transit <input type="checkbox"/> HandyDart <input type="checkbox"/> Taxi

For more program information, please visit: www.icmha.ca

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Date of Referral: _____

What is your name? _____ Preferred Pronoun: _____
Last Name First Name

DOB: _____ Phone: _____ Okay/safe to leave a voicemail? _____

Email: _____

Preferred method of contact: Text ___ Email ___ Phone ___ Other _____

Address: _____
Street City Postal Code

Emergency Contact: _____ Phone: _____
Name Relationship

Who is making this referral?

Self-referral GP Psychiatrist Case Manager Social Worker OT Support Worker

Other _____

Referrers' details (if applicable): _____
Name Role Clinic/Program Name

Phone: _____ Email: _____

Do you have any additional Supports? Or attend other program?

_____ Phone: _____
Name Type of support

MEDICAL & SAFETY INFORMATION

Please tell us about your mental health?:

Do you have any Physical/Cognitive Issue(s) that would impact your ability to part of programs?

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Have you experienced Psychiatric hospitalization in the last year? What would you like us to know about this if anything?

(This question speaks to your current experience of safety and stability both personally and in group settings. It helps us better plan with you for a successful experience)

Are you currently at risk of suicide/self-harm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Are you currently at risk of harming others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:
Do you use substances? (past or present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Details:

Thank you for filling out this referral please send it to:

Krysten O’Coffey - PSR Program Manager

Krysten.ocoffey@icmha.ca / **250.389.1211 Ext: 128**

Once we receive your referral form you will be contacted by a worker in the relevant program within approximately one month.

GUIDELINES:

- You are an adult, 19 years and above
- You live in Vancouver Island’s Capital Regional District, including Southern Gulf Islands
- You are experiencing mental health issues and are seeking to work on your recovery you may also be experiencing additional substance use issues.
- You are willing to participate in group or 1:1 mental health recovery work.

We would like all participants to receive the best possible experience. Unfortunately, you may have to miss group or 1:1 sessions if you are:

- Experiencing a deterioration of your mental health. We will support you to get the right help
- Actively suicidal or at risk of harm to yourself or others
- Actively using substances before, or during groups. We do not need you to be abstinent but you do need to be able to safely participate in programming

If ICMHA programs are not a good fit for you right now we will help refer you to other community resources.